

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**  
*Original*

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No.

05-0378

ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

(Applicant's Name)

: Tele-Connect, Inc.

Application for a certificate of  
(local or interexchange) authority  
to operate as a (reseller or facilities  
based carrier) of telecommunications  
services in (list specific area) in the  
State of Illinois.

: Application for a certificate of  
service authority to provide  
pay telephone service within the  
State of Illinois

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 48-1076583

Tele-Connect, Inc.

Address: Street 1421 W 7th Street, PO Box 887

City Chanute

State/Zip KS 66720

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

Pay Telephone

☐ 13-404 Resale of Local and/or Interexchange

Service Provider

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

N/A

☐ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for  
Local Exchange Telecommunications Carriers in the State of Illinois

☐ Section 735.180 Directories

\_\_\_\_ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: N/A
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Presently Monee, Illinois - then possible other locations in the State

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
  - b) consumer issues
  - c) customer complaint resolution
  - d) technical and service quality issues
  - e) "tariff" and pricing issues
  - f) 9-1-1 issues
  - g) security/law enforcement
- Attached

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

Individual                      X Corporation  
Partnership                      Date corporation was formed December 4, 1989  
In what state? Kansas  
Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Attached

9. List jurisdictions in which Applicant is offering service(s).

KS - AR - MO - TX - OK - AL - GA - NC - SC - TN

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

YES (Please provide details)      X NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

YES      X NO

If YES, describe fully. \_\_\_\_\_

X    YES                      NO

13. Will the Applicant keep its books and records in Illinois? \_\_\_\_\_ YES X NO

Tele-Connect, Inc. requests permission to keep books and records at corporate office - 1421 W 7th Street, Chanute, KS 66720.

15. List officers of Applicant.

If YES, list entity.

N/A - Pay Phone Service Provider

Tele-Connect's toll-free number is posted on the pay phone. Also, customer may dial 2222 which will automatically dial Tele-Connect home office for Refund or Repair issues.

Pay Phone repairs will be made within 48 hours of notification.

20. What telephone number(s) would a customer use to contact your company? 1-800-242-6883

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers? N/A

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO Attached

#### FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached

#### TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

Please see response to Question 14

If NO, which facility provider(s)'s services does the Applicant intend to use?

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

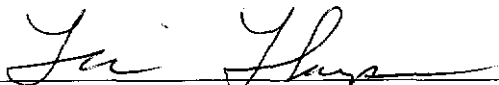
Pay Phone Service Provider - offering local & long distance coin calls, toll-free calls, operator assistance calls, directory assistance, and 911 calls (See tariff)

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e)

unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?        X   YES             NO

  
(Signature of Applicant)

Tele-Connect, Inc.  
Teri Tharp, President

VERIFICATION

This application shall be verified under oath.

OATH

State of Kansas )  
 )ss  
County of Neosho )

Teri Tharp makes oath and says that ~~xxxx~~ she is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

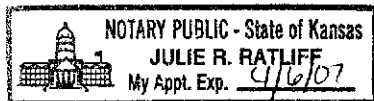
of Tele-Connect, Inc.  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

*Teri Tharp*  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Julie R. Ratliff  
(Title of person authorized to administer oaths)

in the State and County above named, this 14th day of June, 2005.



*Julie R. Ratliff*  
(Signature of person authorized to administer oath)